



Licensee Name: _____

Classification(s) & Group# Limitation: _____ License#: G

***** EFFECTIVE 07/01/2014 THE NEW STANDARD RENEWAL FEE HAS CHANGED FROM \$350 TO \$135! *****

ALL LICENSEES CAN RENEW ONLINE OR WITH THIS FORM

If renewing online, ALL Group 5 licensees must submit reviewed or audited financials (not compiled) to our board by mail, fax, or email by 03/01/2015. Financials not received by that time will result in the license being dropped to Group 4-\$750,000 per contract

(To renew online: Go to <http://renewals.llronline.com>; Your User ID: <olruserid> Your Password:<olrpassword>)

IF CHANGING YOUR FEDERAL ID# OR STYLE OF BUSINESS, SUBMIT DOCUMENT #165 INSTEAD OF THIS FORM. TO ADD A NEW QUALIFIER OR CLASSIFICATION, OR TO UPGRADE LICENSE GROUP LIMITATION, SUBMIT DOCUMENT #180.

RENEWAL FORM INSTRUCTIONS - READ ALL INSTRUCTIONS

1. **ANSWER ALL 5 QUESTIONS BELOW** - Owner/president/authorized representative and all qualifiers must **SIGN AND DATE**.
2. **SUBMIT FINANCIAL STATEMENT (not more than 12 months old):**
(Your group number is the number on your license after the classification letters, i.e. EL3 is Group 3, PB5 is Group 5, etc.)
 - Group 1-4 - submit a signed and notarized balance sheet; you can submit Financial Statement, Document #172.
 - Group 5 - submit a reviewed financial statement from a licensed CPA, in accordance with GAAP requirements.**Minimum Net Worth:** Group 1 = \$6,000, Group 2 = \$20,000, Group 3 = \$70,000, Group 4 = \$150,000, Group 5 = \$250,000
3. **RENEWAL FEES: * EFFECTIVE 07/01/2014 THE NEW STANDARD RENEWAL FEE HAS CHANGED FROM \$350 TO \$135! ***
\$135 until October 31. **WITH LATE FEES ADDED:** November(\$100) = \$235; December(\$150) = \$285; January(\$200) = \$335.
After January 31, 2015, YOUR LICENSE IS LAPSED AND MUST BE REINSTATED. To reinstate, submit Document #165 with your financial statement and fee.
4. **MAIL COMPLETED FORM, FINANCIAL STATEMENT, AND CHECK MADE PAYABLE TO "SCCLB".** Applications must be postmarked on or before October 31, 2014 to avoid late fees.

SECTION 1: LIST YOUR INFORMATION BELOW:

MAILING ADDRESS:

PHYSICAL ADDRESS: (no PO Boxes) ☐ Same as mailing

Last 5 digits of current Federal ID: _____ Style of Business: ☐ Sole-Proprietor ☐ Corporation ☐ LLC ☐ Partnership ☐ Other

SECTION 2: SINCE YOU LAST APPLIED OR RENEWED YOUR LICENSE (answer all 5 questions):

QUESTIONS:

SINCE YOUR LAST SUBMITTED APPLICATION OR RENEWAL, HAS THE BUSINESS, OWNER/PRESIDENT, OR QUALIFIER(S):

1. Been involved in any pre-trial intervention program, been convicted, pled guilty, or pled nolo contendere (no contest) for the violation of any federal, state or local law or do you have charges pending (other than a minor traffic violation)? ☐ YES* ☐ No
2. Been involved in any investigation or disciplinary action currently pending, or has a formal complaint, citation, consent order, or final order/judgment related to construction been filed against you? ☐ YES* ☐ No
3. Been issued a Cease and Desist Order for unauthorized practice? ☐ YES* ☐ No
4. Had a license, certification or registration cancelled, surrendered, revoked, suspended, restricted, disciplined, or placed on probation by any federal, state or local authority or contracted without a proper license? ☐ YES* ☐ No
5. Do you have any outstanding monetary judgments related to construction? ☐ YES* ☐ No

*** FOR ALL "YES" ANSWERS, ATTACH A WRITTEN EXPLANATION AND OFFICIAL SUPPORTING DOCUMENTATION.**

SECTION 3: ALL QUALIFYING PARTIES MUST COMPLETE BELOW: (attach additional page if necessary)

Qualifying Party Name (please print)	Last 4 numbers of SS#	Qualifying Party Signature	Date
Name:			
Name:			
Name:			

AFFIDAVIT: All statements and information contained herein are true and correct to the best of my knowledge and belief. I further understand that false or incorrect information may result in the denial of my license issued pursuant to this renewal and may be subject to civil and criminal proceedings I agree all information in this renewal can be verified and investigated. I have read the SC Code of Laws regulating contracting and will abide by such laws.

Owner/President/Partner/Authorized Representative Signature _____ Date _____

2014-2016 RENEWAL - Use for Groups 1 - 4 ONLY (Cannot use this form to upgrade)

(Group 5 licensees must submit an accountants "reviewed" financial statement; or submit this form to be dropped to a lower Group)

Balance sheet of: _____ Date: _____ 20 _____

DBA (if applicable): _____ License#: **G**

You do not have to use this form; however, all self-prepared financial statements must be signed and notarized. This financial balance sheet is designed for individuals, sole proprietorships, partnerships or corporations. This statement must be completed in accordance with SSARS, and include all disclosures required by the generally accepted accounting principles (GAAP). Attach any supplementary financial information to clarify your entries. If you have questions, please consult your accountant or CPA. The Contractors' Licensing Board **cannot** answer questions pertaining to financial statements.

ASSETS		
CURRENT ASSETS	Dollars	Cents
Cash on hand (total amount of \$500 or more must be verified on a notarized statement)		
Cash in bank		
Marketable Securities (attach list)		
Contracts receivable (less allowance for doubtful collection):		
Billed (exclude claims not approved for payment):		
Completed contract(s)		
Retainage		
Unbilled		
Other accounts receivable (attach list)		
Notes receivable (principal due during next 12-month period - attach list)		
Inventory:		
Speculative Building Costs to date		
Materials in stock (verify any amount in excess of \$10,000)		
Other inventory (attach list)		
TOTAL CURRENT ASSETS		
FIXED AND OTHER ASSETS:		
<u>For Individuals:</u>		
Real Property:		
Personal residence		
Held for investment		
Other real estate property (attach list)		
Personal Property		
<u>For Businesses:</u>		
Real Property, at cost		
Business fixed assets (excluding real property)		
Net of accumulated depreciation and amortization		
Cash surrender value of life insurance policies		
Other noncurrent assets (attach list)		
TOTAL FIXED AND OTHER ASSETS		
TOTAL ASSETS		

REQUIRED NOTARIZATION

Sworn before me this _____ day of _____ 20 _____

Print Name of Notary Public_____
Signed Name of Notary Public

My Commission expires: _____

LIABILITIES		
CURRENT LIABILITIES (due within 12 months)	Dollars	Cents
Accounts payable		
Material suppliers		
Subcontractors		
Others		
Taxes payable		
Withheld and accrued payroll taxes		
Delinquent payroll taxes and related charges ...		
Other taxes (attach list)		
Income taxes payable		
Current and deferred		
Delinquent and related charges		
Notes payable (principal due during next 12-month period):		
Speculative building construction loan		
Real estate		
Auto, trucks and equipment		
Material purchases		
Loans on insurance cash value		
Other (attach list)		
Interest in arrearage		
Other current liabilities (attach list)		
TOTAL CURRENT LIABILITIES		
LONG TERM LIABILITIES:		
Notes payable — long term portion (principal portion only):		
Real estate		
Autos, trucks and equipment		
Other (attach list)		
Other long term liabilities (attach list)		
TOTAL LONG-TERM LIABILITIES		
TOTAL LIABILITIES		

NET WORTH (TOTAL EQUITY)		
<u>For Corporations:</u>		
Capital stock		
Treasury stock		
Retained earnings		
TOTAL NET WORTH (Total Assets minus Total Liabilities)		
TOTAL CURRENT LIABILITIES + TOTAL NET WORTH =		

AFFIDAVIT

I hereby certify this financial statement is true and accurate to the best of my knowledge.

Authorized Representative - Print Name_____
Date_____
Authorized Representative - Signature